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CONFIRMATION NO. 3527

<b>SERIAL NUMBER</b> 10/699,189	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE</b>	<b>CLASS</b> 546	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> AL01348K1B
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/978,267 10/15/2001 PAT 6,720,328 which claims benefit of 60/240,901 10/17/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 02/02/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

24265

**TITLE**

Novel non-imidazole compounds

<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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